

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service 6-20-01.
  - b. The request was received on 2-12-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

No response was noted in the dispute packet.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 6-25-02. The respondent did not respond to the additional documentation. No initial response was noted in the dispute packet. The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's case file.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Statement of disputed issues: No date.
  - "1. Carrier will not pay for codes 23412 for 768.50 fee guideline denying as global.
  2. Per the 1996 & 1994 GSD & MFG code is not global.
  3. Submitted letter from TWCC & pages from the 94 GSD to support payment..."
2. Respondent: No response noted in dispute packet.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date (s) of service eligible for review is 6-20-01.

2. The carrier denied the billed services as reflected on the EOBs as, "G – Unbundling".
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
6-20-01	23412	\$1,700.00	\$-0-	G	1537.00	1994 Global Services Data; MFG: Surgery Ground Rules (I) (D); CPT Descriptor	The Carrier has denied the disputed service as being global.  CPT Code 23412 is not global to any other code billed on the date in dispute. However, this code is subject to the multiple procedure rule. Therefore reimbursement is recommended in the amount of <b>\$768.50</b> . (\$1537.00 x 50% = \$768.50.)
<b>Totals</b>							The Requestor is entitled to reimbursement in the amount of <b>\$768.50</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$768.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11<sup>th</sup> day of February 2003.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

LL/ll